



**SPECIAL EDUCATION SOCIAL WORKER FACILITATED ACTION PLAN TO SUPPORT PARENT
ACQUISITION OF MEDICALLY PRESCRIBED PERSONAL MOBILITY/TRANSPORT
EQUIPMENT WITH THE SUPPORT OF LOANER TRANSPORT EQUIPMENT**



(This form is completed by the special education social worker supporting the student in collaboration with the student's parent/guardian/surrogate parent or the adult student for the sole purpose of initiating the process of accessing loaner transport equipment. It does not constitute a screening or evaluation by a licensed professional trained to assess the mobility needs of an individual with disability)

Date of Request: _____

Student: _____ **ID#:** _____

Parent: _____ **Phone #1:** _____

Address: _____ **Phone #2:** _____

School: _____ **Teacher:** _____

Address: _____ **Phone:** _____

Observed or reported student mobility skills/abilities: (check all that apply)

Skill	Short distance or time only (estimate distance or time)	With adult assistance	With device assistance	This skill was not observed or reported.
Walking				
Sitting				
Crawling				
Stair Climbing				

Actions/Items required before loaner equipment can be provided:	Date Completed
Review of student's mobility needs with the physical therapist assigned to support the campus. <i>(Only required if considering a transportation approved travel chair [e.g. Special Tomato with transport base])</i>	
Review of the student's mobility needs with the student's bus driver (if the student is a bus rider).	
Physician's prescription for wheelchair or other transport device prescribed to meet the personal mobility needs of the student	
Appointment set for the student's parent to work with a durable medical equipment vendor to secure the personal use equipment designated by the physician's prescription.	
Agreement established with the parent's selected durable medical equipment vendor to provide loaner equipment meeting the student's prescribed personal use specifications and approved for bus transportation (if applicable) while awaiting the delivery of the prescribed equipment.	

Special Education Social Worker		
	Printed Name	Signature
Parent, Guardian, or Surrogate Parent		
	Printed Name	Signature